

# CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Sunrise Healthcare System Good Government Fund PAC Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_  
3186 S. Maryland Parkway, Las Vegas, NV 89109 (702) 731-8706  
 Mailing Address (include city and zip code) Telephone No.  
Chris.Taylor@hcahealthcare.com  
 E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

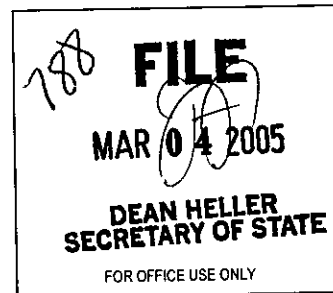
☐ **Annual Filing - Due January 15, 2004**  
 Period: January 1, 2003 - December 31, 2003

☒ **Report #1 - Due August 31, 2004**  
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004  
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004  
 All others Period: Jan. 1, 2004 - Aug. 26, 2004  
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☐ **Report #2 Due - October 26, 2004**  
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ **Report #3 Due - January 15, 2005\***  
 Period: Oct. 22, 2004 - Dec. 31, 2004  
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**  
 Period: January 1, 2004 - December 31, 2004  
 \* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



## CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	\$23,000.00	\$23,000.00
2. Total Monetary Contributions Received of \$100 or Less	\$0.00	\$0.00
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	\$23,000.00	\$23,000.00
4. Total Value of In Kind Contributions Received in Excess of \$100	\$0.00	\$0.00

## EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100	\$26,500.00	\$26,500.00
6. Total Monetary Expenses Paid of \$100 or Less	\$20.00	\$20.00
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	\$26,520.00	\$26,520.00
8. Total Value of In Kind Expenses in Excess of \$100	\$0.00	\$0.00

## AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Chris Taylor  
 Signature

3/4/05  
 Date

**IN KIND CAMPAIGN  
EXPENSES**

Report Period # 1

Sunrise Healthcare System Good Government Fund PAC

Name (print)

Office (if applicable)

District (if applicable)

**IN KIND**

**Expenses in Excess of \$100**

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NONE . .	-----	-----	-----
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## CAMPAIGN CONTRIBUTIONS

Report Period # 1

Sunrise Healthcare System Good Government Fund PAC  
 Name (print) Office (if applicable)

District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**  
**Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
MountainView Hospital 3100 N. Tenaya Way Las Vegas, NV	02/03/04	\$5,000.00	-----
MountainView Hospital 3100 N. Tenaya Way Las Vegas, NV	08/02/04	\$5,000.00	-----
Southern Hills Hospital 9300 W. Sunset Road Las Vegas, NV 89148	08/02/04	\$3,000.00	-----
Sunrise Hospital & Medical Center 3186 S. Maryland Parkway Las Vegas, NV 89109	08/02/04	\$10,000.00	-----
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**IN KIND CAMPAIGN  
CONTRIBUTIONS**Report Period **# 1**

Sunrise Healthcare System Good Government Fund PAC

Name (print)

Office (if applicable)

District (if applicable)

**IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
NONE.	-----	-----	-----	-----
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**CAMPAIGN EXPENSES**Report Period # **1**Sunrise Hospital System Good Government Fund PAC  
Name (print) Office (if applicable)

District (if applicable)

**Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

## IN KIND CONTRIBUTIONS AND EXPENSES REPORT

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**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**

*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

**The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)**

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

Sunrise Healthcare System Good Government Fund PAC

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Committee to Elect Bob Beers	J	02/16/04	\$1,000.00
Committee to Elect Ann O'Connell	J	02/16/04	\$1,000.00
Committee to Elect Bill Raggio	J	08/02/04	\$500.00
Campaign to Re-elect Ray Rawson	J	08/02/04	\$500.00
Campaign to Re-elect Dina Titus	J	08/02/04	\$500.00
Campaign to Re-elect Mike Schneider	J	08/02/04	\$1,000.00
Campaign to Re-elect Garn Mabey	J	08/02/04	\$500.00
Campaign to Elect Mel Kalagian	J	08/02/04	\$1,000.00
Campaign to Re-elect Valerie Weber	J	08/02/04	\$1,000.00
Campaign to Re-elect Chris Ciunchigliana	J	08/02/04	\$500.00
Campaign to Re-elect Bob McCleary	J	08/02/04	\$1,000.00
Campaign to Elect Kristopher Munn	J	08/02/04	\$500.00
Campaign to Elect Bob Seale	J	08/02/04	\$1,000.00

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**CAMPAIGN EXPENSES**Report Period # 1

Sunrise Healthcare System Good Government Fund PAC

Name (print)

Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100****Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

<b>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)</b>	<b>CATEGORY</b> (See Previous Page) NRS 294A.365	<b>DATE OF EACH EXPENSE</b>	<b>AMOUNT OF EACH EXPENSE</b>
Campaign to Re-elect Kelvin Atkinson	J	08/02/04	\$250.00
Campaign to Re-elect Bruce Woodbury	J	08/02/04	\$500.00
Campaign to Re-elect Chip Maxfield	J	08/02/04	\$500.00
Campaign to Elect Lynete Boggs McDonald	J	08/02/04	\$1,000.00
Nevada Health PAC	J	08/02/04	\$5,000.00
Campaign to Re-elect Ann O'Connell	J	08/02/04	\$500.00

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## Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Campaign to Elect Kathy Von Tobel Martin	J	08/02/04	\$500.00
Campaign to Elect Eddie Flores	J	08/02/04	\$1,000.00
Campaign to Re-elect Marcus Conklin	J	08/02/04	\$500.00
Campaign to Re-elect David Parks	J	08/02/04	\$500.00
Campaign to Elect Bob Adney	J	08/02/04	\$1,000.00
Campaign to Re-elect Sheila Leslie	J	08/02/04	\$500.00
Campaign to Re-elect Don Gustavson	J	08/02/04	\$500.00
Campaign to Re-elect Rod Sherer	J	08/02/04	\$500.00
Campaign to Re-elect Lynn Hettrick	J	08/02/04	\$500.00
Campaign to Re-elect Ron Knecht	J	08/02/04	\$1,000.00
Campaign to Elect Steven Horsford	J	08/02/04	\$1,000.00
Campaign to Elect Bill Dolan	J	08/02/04	\$1,000.00
Campaign to Re-elect Bill Home	J	08/02/04	\$250.00

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